

Person Number:

First Name:

Last Name:



Bank of America Health Screening

CVS MinuteClinic Health Screening Form



New for 2025-2026: what you must bring to your screening:



A copy of this form



Your medical id / insurance card

You must present a printed copy of this form or display on your mobile device so that the MinuteClinic provider can identify you as a Bank of America wellness program participant and properly process your screening.

Screenings performed at CVS MinuteClinic are covered under your Aetna, Anthem BCBS, and United Healthcare medical plan, so please ensure you bring your medical id card to your visit. A copay or deductible and coinsurance may apply. *The results of your screening will be transferred to your medical plan.*

Additional Instructions for Completing the Form:

- Please write your **First Name**, **Last Name** and **Bank of America Person Number** clearly in the designated fields before your visit.
- **Spouses** should enter the **Person Number** of the **covered Bank of America employee** to ensure proper identification and billing.



What to know before your visit:

- Our practitioners provide basic health + cholesterol screenings to patients 18 years or older.
- For the best results, it is recommended (not required) that you fast 8 to 12 hours before your visit.
 - Fasting is when you consume only water.
 - Drink plenty of water so your body is well hydrated for the test.



How to make an appointment and find a local MinuteClinic (appointments required):

1. Visit www.minuteclinic.com and select "Clinic Locator", or call 1 (866)389-2727
2. Enter your zip code, city and state, or street address and select "find a clinic"
3. Local clinics will appear with approximate wait times



Check in Instructions:

1. Follow Pre-check in instructions sent to you via email and/or text OR scan the QR code visible on the kiosk screen using your mobile device when you arrive.
2. Follow the prompts through the digital check in experience, selecting **"Use health insurance"** for your payment type when prompted.
3. Answer the acknowledgement and consents, you will then be checked in!
4. Show your **printed or digital voucher** to the provider upon entering the clinic for your visit.



MinuteClinic provider instructions (required)

1. **Insurance:** Select the appropriate medical plan and capture group/member ID. For employer select: Bank of America
2. **Enter Chief Complaint:** Bank of America Employee Health Screening
3. **Special Offer Add'l Field 1:** Enter Person Number from top of voucher

Within smartset:

1. First: Screening for cardiovascular disorders (Z13.6)
2. Also: select code for Need for lipid screening (Z13.220)
3. Also: select code for glucose screening (Z13.1)
4. For diabetic patients only: select code for A1C (E11.9)
5. Add: additional diagnosis codes as appropriate

***By presenting this voucher, I acknowledge that MinuteClinic may provide my personal health information to the vendor named on my voucher and/or my employer. This authorization is valid for six months. I may revoke this authorization at any time by writing to MinuteClinic at one of the following: One CVS Drive, Woonsocket, RI 02895; email: MCRrecords@CVSHealth.com; fax: 401-652-9093, except to the extent that MinuteClinic has taken action in reliance on this authorization. I understand that signing this authorization is voluntary, however failure to sign may impact my ability to secure employment. I further acknowledge that whoever gets my protected health information may share it with others. That means federal or state privacy laws may no longer protect my protected health information.